

PRUhealth medical plus



Listening. Understanding. Delivering.



Protect yourself with a lifetime medical insurance benefit of HKD 60,000,000


Medical Protection

Hong Kong Edition

PRUhealth medical plus

When you need hospital care, **PRU**health medical plus is a medical insurance that offers you lifetime cover of HKD 60,000,000 (HKD 14,000,000 annually). We give you access to treatment in private hospitals worldwide (except the USA) without a limit on most eligible hospitalisation and surgical fees. That means you can concentrate on recovering faster, wherever you are, without worrying about the costs. The plan also offers enhanced cancer protection, extra rehabilitation benefits as well as professional medical advisory support to get you back on the road to health.



Plan highlights



Worldwide (except the USA) cover with an annual limit of HKD 14,000,000 and a lifetime limit of HKD 60,000,000



In-depth protection against cancer



Covers before and after your hospital stay plus enhanced benefits from prevention to recovery



Extra rehabilitation benefits for covered cancer, heart attack and stroke to help your recovery

- Home facility enhancement for recovery at home
- Extra rehabilitation treatments tailored for you



Tailor your plan with or without deductibles to suit you

Deductibles	
<input type="checkbox"/>	HKD 0
<input type="checkbox"/>	HKD 10,000
<input type="checkbox"/>	HKD 20,000
<input type="checkbox"/>	HKD 50,000



Value-added services to enhance your protection



Cashless Service for hospitalisation and day surgeries



Medical Green Channel – Get priority booking for outpatient and/or hospitalisation appointment at selected hospitals in Mainland China



SmartAppointment Service – Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated



Treatment Sure – Get back on the road to health with personalised medical advice from global experts



24-hour Worldwide Emergency Assistance Services

The benefits

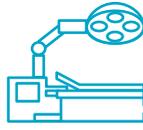


Worldwide (except the USA) cover with an annual limit of HKD 14,000,000 and a lifetime limit of HKD 60,000,000

PRUhealth medical plus covers your eligible medical costs worldwide, except in the USA, from initial consultation to recovery, including:



hospital stay



surgery



rehabilitation

We protect you (as the life assured – the person covered by the policy) up to an **annual limit of HKD 14,000,000** and a **lifetime limit of HKD 60,000,000**.

We also take care of the eligible costs of your **semi-private room** hospital treatment in **Mainland China, Hong Kong and Macau** or your **private room** hospital treatment **anywhere else within the plan's coverage area**.

If you have an accident in the USA, we will cover the costs of your hospitalisation, medical treatment and/or services you need there.



Lifetime renewal guaranteed

Even if your medical history changes or there is a claim on the plan, you can **renew the plan every year** throughout your **lifetime – guaranteed**. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

You can find the details in the “Plan renewal/Premium Structure” and “Changes to benefits” sections in the “More about the plan” section below.



In-depth protection against cancer



Non-surgical cancer treatments

Treating cancer effectively often needs more than just surgery, and the cost of supporting treatments can quickly add up. That's why we cover **non-surgical cancer treatments** too, for example:

- Chemotherapy
- CyberKnife
- Gamma Knife
- Hormonal therapy
- Immunotherapy
- Proton therapy
- Radiotherapy
- Targeted therapy



Genetic testing prior to targeted therapy

Matching your treatments to the cancer and your own genetic make-up gives you a better chance of beating the disease. But the genetic testing that enables doctors to do this can be costly. We cover the expenses for **genetic tests prescribed for the use of specific targeted therapy drugs** for the life assured.



Personalised cancer drugs

Cancer treatment is dynamic; there are constant breakthroughs – and doctors can switch to more advanced drugs when the first line of treatment has failed. We even cover **cancer drugs registered and launched overseas though not in Hong Kong; but recommended in Hong Kong by your doctor** and approved to be used solely for the purpose of cancer treatment received in Hong Kong.



Family premium waiver for 12 months after a cancer diagnosis

To ease your financial burden, if you are unfortunately diagnosed with cancer, we will **waive** your **PRU**health medical plus premiums **due** in the **next 12 months**.

We will also **waive** your family member’s premiums for **12 months** – your spouse, parents, children or siblings, too – if they are covered by an in-force **PRU**health medical plus policy for at least 1 year. That means you and your loved one’s protection stays in place even when a critical disease strikes.

You can find more information in the “Family premium waiver for cancer” section under “More about the plan” section below.



Covers before and after your hospital stay plus enhanced benefits from prevention to recovery



Wellness benefit to help monitor your health

We understand prevention is better than cure, so we cover the eligible expenses of any one of these health screening tests or vaccination once within the year after every 3rd renewal at policy anniversary (i.e. in your 4th, 7th, 10th etc. policy years), when you reach the ages below:

Health screening tests or vaccination	Applicable ages
(i) Eye examination and cross-sectional ocular scan	4 or above
(ii) Pap smear	18 or above
(iii) Prostate test	25 or above
(iv) Mammogram	40 or above
(v) Bone densitometry	50 or above
(vi) Zoster vaccine	50 or above



Enhanced protection to take care of you from diagnosis to recovery

We also look after you from diagnosis to recovery, the minute you are admitted to hospital – throughout your treatment and into rehabilitation.

- Pre-admission outpatient consultation
- Post-hospitalisation benefits:



outpatient consultation



designated therapies



post-surgery home nursing



rehabilitation

- Hospitalisation and surgical benefits:



hospitalisation expenses



inpatient and outpatient surgical expenses

- Extended benefits:



traditional Chinese medicine treatments during and after hospitalisation



dialysis



reconstructive surgery



hospice care



accidental treatments



Rehabilitation benefits for covered cancer, heart attack and stroke to help your recovery

We understand that it takes time to recover from covered cancer, heart attack and stroke and you will often need rehabilitation. That's why we offer extra help when you are diagnosed with these diseases.



Rehabilitation treatments

Diseases like these often need targeted treatments for better rehabilitation, so we provide extra protection to cover your eligible expenses for visiting a registered:

- Neurosurgeon
- Neurologist
- Orthopaedic surgeon
- Psychiatrist
- Dietitian
- Chinese medicine practitioner
- Clinical psychologist



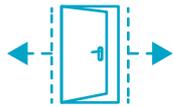
Home facility enhancement

After treatment, you may want to recover in the comfortable and familiar surroundings of your home, with loved ones nearby. That's why we offer up to HKD 50,000 for each incident, to help cover the costs of adapting your home to help you live a normal life when recommended by a registered occupational therapist. Some of these could be:



If the worst happens...

Should the life assured unfortunately pass away, we will pay a **compassionate death benefit**. If the life assured sadly dies within 90 days from an accident, we will pay an **accidental death benefit on top of the compassionate death benefit**.



widening doorways and passageways



moving light switches, door handles, doorbells and entry phones to convenient heights



installing grab rails for support



installing ramps to avoid using steps



setting up alert devices



Tailor your plan with or without deductibles to suit you

You can adapt **PRU** health medical plus to fit your circumstances – whether you have medical insurance already or not. That's because it allows you the flexibility to tailor your cover and reduce your premiums. You can choose from plan 1 – 100% coverage with **4 annual deductible** options of **HKD 0, HKD 10,000, HKD 20,000, and HKD 50,000** or plan 2 – 90% coverage without annual deductibles.

You can switch to a lower annual deductible or between plan options, once in your lifetime. You can do this at the policy anniversary which falls on, or immediately after, your 50th, 55th, 60th or 65th birthday – with **no need for a medical examination**.



Value-added services to enhance your protection



Cashless Service for hospitalisation and day surgeries

If you need a hospital stay or day surgery, just choose the most appropriate doctor. With our pre-authorisation, we will pay your eligible medical costs directly to private hospitals in Hong Kong and Macau and our designated network medical centres in Hong Kong. You will also know in advance how we cover you before your visit and we will tell you any costs we don't cover.

You can use the Cashless Service in most private hospitals in major cities around the world (except the USA). In addition, you can also use our 24-hour hotline (7 days a week) to answer any questions you have about the Cashless Service.

Click [here](#) or scan the QR code for details and full terms and conditions of the Cashless Service:



Medical Green Channel – Get priority booking for outpatient and/or hospitalisation appointment at selected hospitals in Mainland China

Medical Green Channel is a one-stop booking service for medical appointment provided by our service provider Advance Medical. It gets you faster treatment by cutting out long waiting times and clumsy booking procedures.

You can get priority booking for outpatient and/or hospitalisation appointment at Medical Green Channel's selected hospitals in Mainland China, including over 1,000 3A-Grade hospitals in major cities such as Beijing, Shanghai, Shenzhen and Guangzhou.

Simply enrol to make your medical appointments through our 24-hour service hotline and online platform anytime. A dedicated case manager will follow up on your entire service journey with you. On your treatment day, an escort staff will go to the appointed hospital to guide and help you through the registration process for outpatient and/or hospitalisation service.

There is more information in the "Medical Green Channel" section under "More about the plan".

Click [here](#) or scan the QR code to find out more about the service, a list of Medical Green Channel hospitals and enrolment details:



SmartAppoint Service – Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated

What happens if you become mentally incapacitated and unable to make a claim yourself? The **SmartAppoint Service** enables you to set up an instruction for a designated family member in advance to file your claim and access the claim payment on your behalf should this unfortunately occur, providing you with immediate financial relief, just when it matters the most.

Click [here](#) or scan the QR code for more details:





Treatment Sure – Get back on the road to health with personalised medical advice from global experts

Should you fall ill, medical experts' guidance can help you make the right decisions on treatment. This is why we offer the **Treatment Sure**, including **second medical opinions** and overseas **medical concierge** services.

Treatment Sure provides personalised second medical opinions from a network of **50,000+ global medical experts in 450+ specialities**, as well as overseas treatment arrangements. These range from providing specialist options, booking appointments and translation services to offering post-treatment guidance. What's more, **a dedicated physician case manager who speaks your language** will be by your side to answer any questions and help you through each step of your recovery journey.

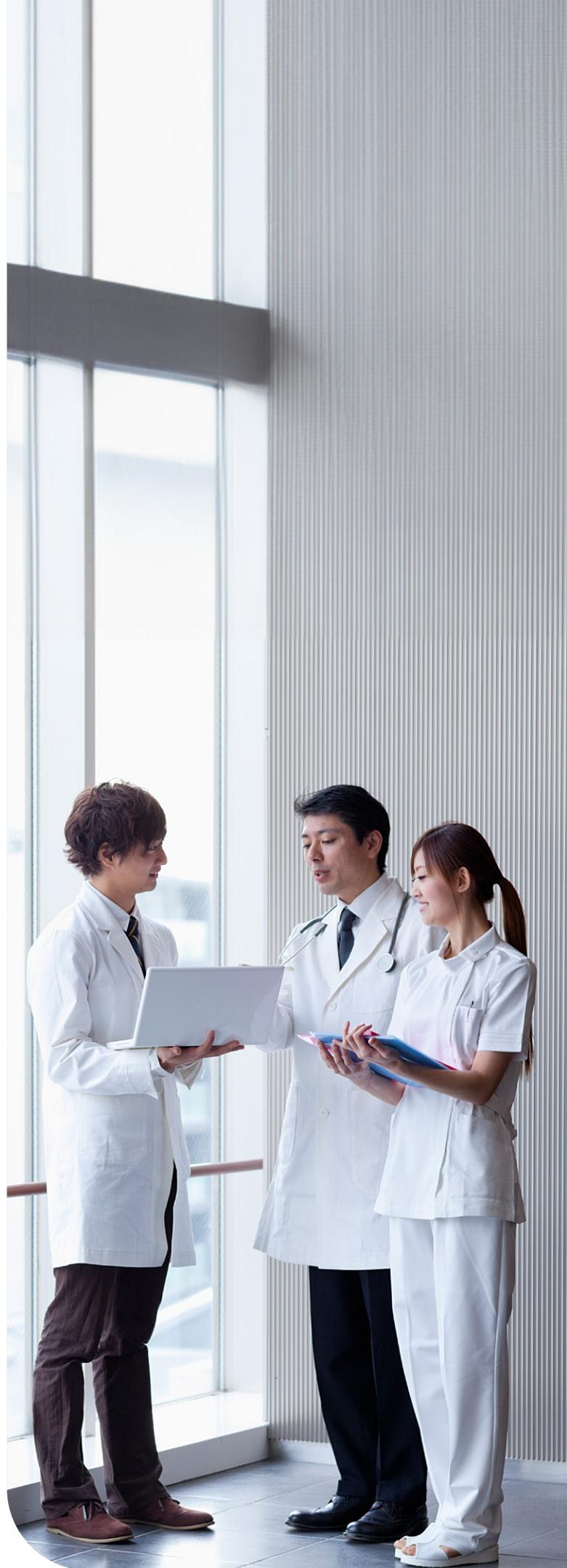
Click [here](#) or scan the QR code for service and enrolment details:



24-hour Worldwide Emergency Assistance Services

If in the unfortunate event you suffer from a serious injury or illness overseas, we can arrange emergency evacuation and repatriation cover through our designated third-party service provider.

You can find the full list of items we cover and how we cover them in the "Benefit Schedule" section below.



Benefit Schedule

Benefit scope						
Benefit limits (Applicable to all benefit items except wellness benefit and death benefits)		<ul style="list-style-type: none"> Overall annual limit – HKD 14,000,000 Overall lifetime limit¹ – HKD 60,000,000 				
Coverage area²		Worldwide except USA				
Covered room		Worldwide except USA <ul style="list-style-type: none"> Hospital stay in Mainland China, Hong Kong or Macau: Semi-private room Hospital stay anywhere else except Mainland China, Hong Kong or Macau: Private room In USA <ul style="list-style-type: none"> Hospital stay because of accidents occurring in USA: Private room 				
Benefit items	Maximum benefit limit					
	Plan 1 (100% coverage)				Plan 2 (90% coverage)	
	HKD 0 annual deductible ³	HKD 10,000 annual deductible ³	HKD 20,000 annual deductible ³	HKD 50,000 annual deductible ³	HKD 0 annual deductible ³	
I. Confinement benefits (i.e. Hospitalisation benefits)						
1	Hospital daily room & board	Full cover ⁵			90% coverage ⁶	
2	Doctor's visit					
3	Miscellaneous hospital expenses ⁴					
4	Intensive care ⁴					
5	Specialist's visit ⁴					
6	Private nursing ⁴ • Max. no. of days per policy year: 30 days					
7	Daily extra bed for family member					
8	Psychiatric treatment ⁷ (per policy year) • Max. no. of days per policy year: 30 days	HKD 40,000			HKD 36,000	
II. Surgical benefits						
1	Surgical fees ⁴	Full cover ⁵			90% coverage ⁶	
2	Outpatient surgery fees ⁴					
3	Anaesthetist's fees					
4	Operating theatre fees					
5	Medical devices (per policy year)	Specified items ⁸ : Full cover ⁵ Others: HKD 250,000			Specified items ⁸ : Full cover ⁵ Others: HKD 225,000	

Benefit scope

Benefit items		Maximum benefit limit				
		Plan 1 (100% coverage)				Plan 2 (90% coverage)
		HKD 0 annual deductible ³	HKD 10,000 annual deductible ³	HKD 20,000 annual deductible ³	HKD 50,000 annual deductible ³	HKD 0 annual deductible ³
III. Accidental treatment benefits						
1	Accidental outpatient treatment	Full cover ⁵				
2	Accidental dental treatment					
IV. Pre- & post-hospitalisation benefits						
1	Pre-admission outpatient consultation ⁴ (per visit) <ul style="list-style-type: none"> Max. no. of prior outpatient consultations or emergency consultations before hospital stay / surgery in a day case centre for the same cause of injury or illness <ul style="list-style-type: none"> (i) within 30 days before each hospital stay / surgery in a day case centre: unlimited (ii) more than 30 days before each hospital stay / surgery in a day case centre: 1 1 visit per day 	Full cover ⁵			HKD 1,600	
2	Follow-up outpatient consultation ⁴ (per visit) <ul style="list-style-type: none"> Max. no. of follow-up outpatient consultations after hospital stay/surgery in a day case centre for the same cause of injury or illness (within 90 days after hospital stay or completion of surgery in a day case centre): unlimited 1 visit per day 					
3	Daily post-surgery home nursing ⁴ (per day) <ul style="list-style-type: none"> Max. no. of days per policy year (within 60 days after hospital stay or completion of surgery in a day case centre): 30 days 	HKD 1,600				
4	Post-hospitalisation ancillary service ⁴ <ul style="list-style-type: none"> registered physiotherapist, registered occupational therapist, registered speech therapist and registered chiropractor (within 90 days after hospital stay or completion of surgery in a day case centre): 1 visit per day for each type of the above treatments 	Full cover ⁵				
5	Rehabilitation ⁴ (per policy year) <ul style="list-style-type: none"> Within 90 days after hospital stay Max. no of days per policy year: 60 days 	HKD 80,000			HKD 72,000	

Benefit scope

Benefit items		Maximum benefit limit					
		Plan 1 (100% coverage)				Plan 2 (90% coverage)	
		HKD 0 annual deductible ³	HKD 10,000 annual deductible ³	HKD 20,000 annual deductible ³	HKD 50,000 annual deductible ³	HKD 0 annual deductible ³	
6	Rehabilitation benefits for covered cancer, heart attack and stroke i) Home facility enhancement ⁴ ii) Rehabilitation treatments ⁴ <ul style="list-style-type: none"> registered neurosurgeon, registered neurologist, registered orthopaedic surgeon, registered psychiatrist, registered dietitian, registered Chinese medicine practitioner and registered clinical psychologist Max. no of visits per policy year: 15 (1 visit per day for each type of covered treatments and/or consultations) 					(i) HKD 50,000 per incident (ii) HKD 1,000 per visit/ Max. HKD 45,000 per incident	(i) HKD 45,000 per incident (ii) HKD 900 per visit/Max. HKD 40,500 per incident
V. Cancer benefits							
1	Non-surgical cancer treatment ⁴ <ul style="list-style-type: none"> (For example: Chemotherapy / CyberKnife / Gamma Knife / Hormonal therapy / Immunotherapy / Proton therapy / Radiotherapy / Targeted therapy) 					Full cover ⁵	90% coverage ⁶
2	Genetic test for targeted therapy ⁴						
3	Personalised cancer drugs ⁴ (for cancer treatment received in Hong Kong)						
4	Family premium waiver for cancer					Available (once per lifetime)	
VI. Extended benefits							
1	Dialysis ⁴					Full cover ⁵	90% coverage ⁶
2	Hospice care (per lifetime)					HKD 60,000	HKD 54,000
3	Pregnancy complications ^{4,9} (300-day waiting period)					Full cover ⁵	90% coverage ⁶
4	Traditional Chinese medicine (per policy year) <ul style="list-style-type: none"> During hospital stay (per day) Within 90 days after hospital stay / surgery in a day case centre (per visit, 1 visit per day) 					HKD 30,000	HKD 27,000
						HKD 400	HKD 400
						HKD 600	HKD 600
5	Reconstructive surgery ⁴ (per policy year)					HKD 200,000	HKD 180,000
6	Daily hospital cash for staying below the semi-private room in Hong Kong or Macau (per day)					HKD 1,000	HKD 900

Benefit scope

Benefit items	Maximum benefit limit				
	Plan 1 (100% coverage)				Plan 2 (90% coverage)
	HKD 0 annual deductible ³	HKD 10,000 annual deductible ³	HKD 20,000 annual deductible ³	HKD 50,000 annual deductible ³	HKD 0 annual deductible ³

7	Wellness benefit	Choose 1 of the following items within the year after every 3 rd renewal at policy anniversary:				
		Health screening tests or vaccination		Applicable ages	Per relevant policy year	
					Plan 1	Plan 2
		(i)	Eye examination and cross-sectional ocular scan*	4 or above	HKD 500	HKD 450
		(ii)	Pap smear	18 or above	HKD 500	HKD 450
		(iii)	Prostate test	25 or above	HKD 500	HKD 450
		(iv)	Mammogram	40 or above	HKD 1,000	HKD 900
		(v)	Bone densitometry	50 or above	HKD 1,000	HKD 900
(vi)	Zoster vaccine	50 or above	HKD 1,000	HKD 900		
* Excluding eye examinations/tests for visual acuity and/or refraction.						

VII. Death benefits

1	Compassionate death benefit	HKD 80,000
2	Accidental death benefit (in addition to compassionate death benefit) <ul style="list-style-type: none"> • Within 90 days of an accident 	HKD 80,000

VIII. Value-added services

1	Cashless Service for hospitalisation and day surgeries ¹⁰	✓
2	Medical Green Channel	✓
3	SmartAppoint Service	✓
4	Treatment Sure (Second medical opinion and overseas medical concierge services)	✓
5	24-hour Worldwide Emergency Assistance Services	✓

Remarks

1. Overall lifetime limit means the absolute cap on all amounts paid and payable in aggregate (except wellness benefit and death benefits) under all in-force and terminated **PRU**health medical plus covering the same life assured for the lifetime of life assured regardless of where such policy(ies) were issued.
2. For hospitalisation, medical treatment and/or services performed in the USA solely and directly due to an accident that occurred in the USA, we will pay for the eligible medical expenses and/or costs charged in accordance with the benefit limits listed in the Benefit Schedule, subject to the plan's annual deductible. For hospitalisation, medical treatment and/or services performed in the USA not because of an accident, no benefits will be payable. Besides, we will pay the death benefits in accordance with the benefit limits listed in the Benefit Schedule upon the death of the life assured regardless of geographical location, including compassionate death benefit and accidental death benefit.
3. Applicable to all benefit items except the wellness benefit and death benefits.
4. We have the right to ask for proof of recommendation (for miscellaneous hospital expenses, only non-surgical cancer treatment is applicable), such as a written referral or testifying statement on the claim form from the attending registered doctor, registered doctor, or registered occupational therapist, if applicable, except for:
 - (i) the consultation and/or medical treatment is performed by a registered chiropractor and is payable under post-hospitalisation ancillary service; and
 - (ii) the consultation and/or medical treatment is performed by a registered Chinese medicine practitioner, or registered clinical psychologist, and is payable under rehabilitation benefits for covered cancer, heart attack, and stroke.
5. Full cover means no itemised benefit sub-limit, and the benefit we pay will be subject to the overall annual limit and overall lifetime limit.
6. Refers to:
 - (i) 90% coverage of the eligible medical expenses; or
 - (ii) any eligible medical expenses in excess of the actual amount(s) paid by any other medical plan(s); whichever is lower.
7. We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from a psychiatry specialist.
8. Specified items include: (i) pacemaker; (ii) stents for percutaneous transluminal coronary angioplasty; (iii) monofocal or multifocal intraocular lens; (iv) artificial cardiac valve; (v) metallic or artificial joints for joint replacement; (vi) prosthetic ligaments for replacement or implantation between bones; and (vii) prosthetic intervertebral disc.
9. The covered pregnancy complications only include ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy. The diagnosis date of the pregnancy complication must be at least 300 days after the effective date of this plan or in case of reinstatement, the effective date of such reinstatement, whichever is later.
10. You will need to get our pre-authorization before your treatment.

We can revise the Benefit Schedule at each renewal. The changes shall include but not limited to alterations to all items shown in the Benefit Schedule. We will adjust the premium based on the rate we determine.

Flexible cover that fits your needs

If **you already have** medical insurance, you may still want to consider taking up **PRU**health medical plus with a 90% coverage (without annual deductibles) to benefit from enhanced protection and lower premiums.

Alternatively, you can consider the 100% coverage with 4 annual deductible options for extended cover and peace of mind.

Plan options	
	• 100% coverage without annual deductibles
	• 100% coverage with a HKD 10,000 annual deductible
	• 100% coverage with a HKD 20,000 annual deductible
	• 100% coverage with a HKD 50,000 annual deductible
	• 90% coverage without annual deductibles – you need to pay 10% of any eligible claim

How annual deductibles work

An annual deductible is the fixed amount you pay for the eligible medical expenses in a policy year before **PRU**health medical plus starts to pay. Each policy year we automatically re-set your annual deductible.

In addition, you can use your existing medical insurance to offset your deductibles – we have added examples below...

How the plan could work

Example 1#: Mr. Lee

Mr. Lee already has a group medical plan. He decides to take out a **PRUhealth medical plus** to reinforce his protection. He chooses the option with an annual deductible of HKD 20,000. He has inpatient surgery in the 2nd year which costs HKD 150,000 and all of which is an eligible medical expense.



If he only claims on his PRUhealth medical plus

His annual deductible amount.

Benefits payable – PRUhealth medical plus HKD 130,000

Mr. Lee needs to pay HKD 20,000

If he claims on his group medical plan first, followed by PRUhealth medical plus

1st claim
Mr. Lee's group medical plan covers HKD 50,000. This offsets the HKD 20,000 annual deductible.

2nd claim
PRUhealth medical plus covers the remainder of his treatment costs and pays him HKD 100,000.

Mr. Lee pays HKD 0

Example 2#: Ms. Chan

Ms. Chan already has a group medical plan. She decides to take out a **PRUhealth medical plus** with 90% coverage. 3 years later, Ms. Chan has an inpatient surgery which costs HKD 150,000 and all of which is eligible medical expenses.



If she only claims on her PRUhealth medical plus

Ms. Chan needs to be responsible for 10% of her medical expenses.

PRUhealth medical plus HKD 135,000

Ms. Chan needs to pay HKD 15,000

If she claims on her group medical plan first, followed by PRUhealth medical plus

1st claim
Ms. Chan's group medical plan covers HKD 50,000. This offsets the 10% payment (i.e. HKD 15,000) required by PRUhealth medical plus.

2nd claim
PRUhealth medical plus covers the remainder of her treatment costs and pays her HKD 100,000.

Ms. Chan pays HKD 0

#The following examples are for illustrative purposes only.

Key exclusions

We will not provide coverage under this plan under any of the following circumstances:

- (i) Injury or illness (or signs and symptoms of which) existed before the effective date of this plan, or the effective date of reinstatement, whichever is later; or
- (ii) The illness of the life assured is diagnosed by a registered doctor or the signs and symptoms of which appeared within 30 days from the effective date of this plan or the effective date of reinstatement, whichever is later (except for treatment due to accident); or
- (iii) Hospital stay, treatment and/or charges incurred which are related to or arise as a direct or indirect result of:
 - a. pregnancy, surrogacy, childbirth or termination of pregnancy (other than for pregnancy complications specified in the Pregnancy Complications coverage under Extended Benefits), birth control, infertility or human assisted reproduction, or sterilisation of either sex; or
 - b. war, hostilities (whether war is declared or not), rebellion, insurrection, riot, or civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or the life assured's participation in any criminal offence; or
 - c. attempted suicide or self-inflicted injuries while sane or insane; use of narcotics, abuse of drug or alcohol, scuba diving or engaging in or taking part in any kind of race other than on foot, mountaineering involving the use of ropes or guides by the life assured; or
 - d. cosmetic treatment/corrective aids and treatment of refractive errors performed on the life assured unless necessitated by injury caused by an accident and the cosmetic treatment plan is approved by us in advance within 90 days of the accident; or specified in the Reconstructive Surgery coverage under Extended Benefits/the life assured receives the corrective aids treatment of refractive errors within 90 days of the accident; or
 - e. procurement or use of medical appliances and medical devices (except for medical appliances and/or devices as specified in the Medical Devices coverage under Surgical Benefits) for the benefit of the life assured; or experimental and/or unconventional medical technology/procedure/therapy performed on the life assured; or novel drugs/medicines/ stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality; or
 - f. convalescence or physical examinations, or health check-ups; or vaccination and immunisation (unless the health screening tests and vaccination are covered by the Wellness Benefit under Extended Benefits); or
 - g. dental treatment or surgery (unless specified in the Accidental Dental Treatment coverage under the Accidental Treatment Benefits); or
 - h. congenital or inherited disorder; or developmental conditions (only applicable before the life assured reaches age 16); or treatment or tests that relate to AIDS, HIV or AIDS-related complexes; or genetic testing or genetic counselling (unless specified in the Genetic test for targeted therapy coverage under Cancer Benefits); or
 - i. mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the life assured (unless specified in the Psychiatric Treatment coverage under Confinement Benefits); or
 - j. any hospital stay primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - k. any treatment, investigation, services or supplies which are not Medically Necessary; or non-medical services; or charges which exceed the Reasonable and Customary Charges, or treatment or tests which are not consistent with customary medical treatment or diagnosis; or
 - l. sleep disorders; or treatment of obesity (including morbid obesity), or weight control programmes, or bariatric surgery; or
 - m. costs incurred for identifying and procuring a replacement organ or removal of the organ from the donor, all associated transportation costs and administrative costs in relation to the transplant service; or
 - n. treatment of sexually transmitted diseases; or sexual problems, gender issues or sex changes, or gender re-assignments; or
 - o. any treatment whilst staying in hospital for more than 90 consecutive days if the life assured is in a vegetative state.

For more details on exclusions, please refer to relevant policy provisions.

More about the plan

Plan type

Basic plan or supplementary benefit

- Each life assured is eligible to have only 1 in-force policy of the plan underwritten by Prudential Hong Kong Limited or Prudential Hong Kong Limited (Macau Branch).

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age	Currency option [^]
<ul style="list-style-type: none">• Whole life (applies if this plan is a basic plan)• Benefit term of basic plan (applies if this plan is a supplementary benefit) <p>(please refer to “Termination of this plan” below for details)</p>	0 – 69	HKD/USD

- The life assured must be at least 15 days old when the proposal document is signed.
- [^] The currency of the supplementary benefit and the basic plan it attaches to should be the same.

Plan renewal/Premium structure

We guarantee that you will be able to renew your plan at each policy anniversary subject to the premium rate, terms and conditions and Benefit Schedule that applies at that time. We guarantee this provided that **PRU**health medical plus is still made available to all policyholders already enrolled.

If we no longer offer **PRU**health medical plus to all policyholders already enrolled, we will endeavour to enrol the life assured in another available medical plan at that time without any new individual terms or personal exclusions.

Premium rates are not guaranteed and are yearly adjustable based on the risk class (including but not limited to age, annual deductible, plan level, nationality and country of residence) and attained age of the life assured at the time of plan renewal. We will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Changes to benefits

We have the absolute right to revise all terms and conditions (including the Benefit Schedule and all other provisions) under this plan on each renewal by giving you 30 days’ notice in writing.

The changes will apply automatically unless you tell us in writing that you want to cancel your plan within 30 days of the renewal date. If you do this, we will refund the premium you have paid since the renewal if you have not made (and do not make) any claims.

The changes shall include but not limited to alterations to all items shown in the Benefit Schedule of this plan. The changes will reflect any past or foreseeable changes in medical practice and claims experience.

We will adjust the premium based on the rate we determine.

Room level

For hospital stays in Mainland China, Hong Kong or Macau, we will cover the eligible cost of your accommodation in a semi-private room.

For hospital stays anywhere else, we will cover the eligible cost of accommodation in a private room.

If you stay in a higher category of accommodation than your policy’s room level entitles you to, whether the upgrade was voluntary or involuntary, we will apply an adjustment factor and only pay a percentage of the cost:

- 50% of the benefit payable if you stay in a private room when your policy entitles you to a semi-private room; or
- 25% of the benefit payable if you stay in a higher category of room level than a private room, such as a suite, a deluxe room or a VIP room.

Hospital stays

For hospital stays worldwide (except the USA), we will cover your eligible medical costs of staying in the room level to which your policy entitles you to.

If you have an accident in the USA and need medical services there, we will pay your eligible claim in line with your plan’s Benefit Schedule, subject to your plan’s annual deductible.

Reasonable and customary charges

We will only cover charges or expenses which we believe are reasonable and customary. That means that they must be medically necessary (there are more details below) and do not exceed the general range of charges by service providers where the charge is incurred.

We may exercise our right to determine whether the charges for treatment, medical services and supplies are regarded as reasonable and customary charges with reference but not limited to a combination of our global experience and any relevant publication or information available, such as the schedule of fees published by the government, relevant authorities and recognised medical association where the expense is incurred.

We may exercise our right to adjust any benefit payable in relation to any charges which are not reasonable and customary.

Medically necessary

A hospital stay, medical treatment and/or service is medically necessary if it is consistent with the diagnosis and customary medical treatment for the condition. The hospital stay, medical treatment and/or service should also conform to the standards of generally accepted medical practice and not just for the convenience of the life assured, his/her relatives or the registered doctor.

In case of a hospital stay, the medical treatment and/or service should be performed on the basis of the medical symptoms or conditions of the life assured that cannot be safely provided without hospital stay.

Family premium waiver for cancer

- If the life assured is diagnosed with cancer after this plan has become effective for at least 30 days on the date of diagnosis, we will waive the premium of this plan for 12 months starting from the next premium due date following the date of diagnosis.
- Also, if these family member(s) of the life assured are also insured under **PRU**health medical plus with policies effective for at least 12 months when the life assured is diagnosed with cancer, we will waive the premium of their **PRU**health medical plus for 12 months from the next premium due date following the date of diagnosis:
 - the life assured's immediate parents
 - the life assured's spouse
 - the life assured's adopted, step or natural children who are under the age of 18 [or aged over 18 but under 25 and in full time education] on the date of diagnosis

- the life assured's siblings, only if both the siblings and the life assured are under the age of 18 [or aged over 18 but under 25 and in full time education] on the date of diagnosis
- We only offer this benefit once during the life assured's lifetime, whether directly or through a family member's illness.

VAT and GST

Eligible expenses shall include the value-added taxes ("VAT") and goods and services taxes ("GST") (if any) charged or imposed on the expenses incurred for medical services.

Termination of this plan

We will terminate this plan when the first of these happens:

- the life assured dies; or
- you fail to pay your premium within 1 calendar month from its due date; or
- if this plan is a supplementary benefit, the basic plan to which this plan attached is terminated; or
- if the total benefits paid or payable under all **PRU**health medical plus covering the life assured reach the lifetime limit.

More about the value-added services

Medical Green Channel

- Medical Green Channel is provided by Advance Medical, an independent third-party service provider. Their service offers priority booking for outpatient and/or hospitalisation appointment at Medical Green Channel's selected hospitals in Mainland China for the life assured of PRUhealth medical plus.
- Medical Green Channel's case managers and escort staff are appointed by Advance Medical.
- The life assured is responsible for all registration fees, diagnosis/treatment fees, examination fees, prescription fees, hospitalisation fees, and all administration fees and medical expenses incurred on their outpatient and/or hospitalisation services. The medical expenses the life assured can claim are subject to the terms and conditions, and the benefit limit of the life assured's medical insurance plan.
- Medical Green Channel is not suitable for a life assured who has an acute medical condition, has been involved in an accident, or has conditions requiring emergency or immediate medical assistance.
- It is subject to Advance Medical's terms and conditions.

SmartAppoint Service

- The SmartAppoint Service is an advanced policy instruction, and not an enduring power of attorney ("EPA") or guardianship order. It does not appoint the designated person as your attorney or guardian/committee. If you have an EPA or a guardian/committee appointed, you must not apply for this service.
- The policyholder and the life assured must be the same person.
- The designated person must be a member of your family who is age 18 or over, and must be your spouse, parent, child, sibling, grandparent, grandchild, or any other relation we approve.
- You must notify the designated person of the instruction/change of instruction under this service.
- When submitting a claim, the designated person needs to provide medical reports from 2 registered medical practitioners (1 from your attending doctor) confirming your mental incapacity to our satisfaction, and any other documents or evidence we may require.

Treatment Sure

- The Treatment Sure offers Global Expert Medical Opinion and Medical Concierge services for the life assured of PRUhealth medical plus. The service is suitable for any non-emergency medical conditions (e.g. cancer, gastroenteric diseases and orthopaedic issues) that needs a second opinion, **but excludes**:
 - Accidents and medical emergencies
 - Urgent or life-threatening conditions
 - Daily or common medical issues (such as colds, fever, flu and occasional rashes)
 - Chronic diseases management (such as chronic hepatitis, diabetes and high blood pressure), except for any complications of chronic diseases
- The Global Expert Medical Opinion report is intended to supplement the information the life assured has already received from their attending doctor. It should not be used to replace their attending doctor's recommendations. The final decision on the medical treatment arrangements must be made solely by the life assured.
- The Medical Concierge is only available after the life assured has completed the Global Expert Medical Opinion. If the life assured chooses to receive treatment abroad, they will be responsible for all fees and charges for travel and accommodation and related items. The amount you can claim for treatment expenses is subject to the benefit limit of your plan.

Third-party services

- Cashless Service for hospitalisation and day surgeries, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated. We will not be responsible for the accuracy of any third-party information quoted above.
- We maintain sole discretion to change the scope of these services (including the list of Medical Green Channel hospitals) and the service provider(s) from time to time without advance notice. We may also cease and/or suspend these services at our sole discretion.
- We are not the service provider(s) for these services. The relevant service provider(s) is(are) not our agent, and vice versa. We make no representation, warranty or undertaking as to the quality and availability of the services and shall not accept any responsibility or liability for the services provided by the service provider(s). Under no circumstance shall we be responsible or liable for the acts or omissions of the service provider(s) in the provision of such services.

Key risks

How may our credit risk affect your policy?

The guaranteed cash value (if applicable) and insurance benefit of your plan are subject to our credit risk. If we become insolvent, you may lose the value of your policy and its coverage.

How may currency exchange rate risk affect your benefits?

Foreign currency exchange rates may fluctuate. As a result, you may incur a substantial loss when you choose to convert your benefits to other currencies. Additionally, the conversion of your benefits to other currencies is subject to exchange restrictions applicable at the time when the benefits are paid. You have the sole responsibility to decide if you want to convert your benefits to other currencies.

How may inflation affect the value of your plan?

We expect the cost of living to rise in the future because of inflation. That means the insurance you take out today will not have the same buying power in the future, even if the plan offers increasing benefit intended to offset inflation.

What happens if you do not pay your premiums?

You should only apply for this product if you intend to pay all of its premiums. If you miss any of your premium payments, we may terminate your policy and you would lose the policy's coverage.

Why may we adjust your premiums?

We have the right to review and adjust the plan's premium rates for particular risk classes on each policy anniversary, but not for any individual customer.

We may adjust premium rates because of several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Why may we change your benefits?

We have the right to revise the Benefit Schedule and the terms and conditions under this plan on each renewal by giving you 30 days' notice in writing. This is to account for any known or foreseeable changes in medical practices and claims experiences. We will apply the revisions to all policies under the plan. The premium will be adjusted accordingly based on the rate as determined by us.

Important information

Suicide clause

If the life assured commits suicide whether sane or insane, within 1 year from the effective date of the policy or from the date of any reinstatement, whichever is later, we will limit all the death benefit to a refund of the premiums paid without interest. We will deduct any amounts we have already paid and any amounts you owe us under the policy.

Cancellation right

A customer who has bought the life insurance plans has a right to cancel the policy within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid less any withdrawals. Provided that no claim has been made, the customer may cancel the policy by giving written notice to us within 21 calendar days immediately following either the day of delivery of (1) the policy or (2) the notice (informing the availability of the policy and expiry date of the cooling-off period) to the customer or his/her nominated representative, whichever is earlier. Such notice must be signed by the customer and received directly by Prudential Hong Kong Limited at 8/F, Prudential Tower, The Gateway, Harbour City, 21 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong within the cooling-off period.

The premium and levy will be refunded in the currency of premium and levy payment at the time of application for this policy. If the currency of premium and levy payment is not the same as the plan currency, the refundable premium and levy amount in plan currency under this policy will be converted to the currency of premium and levy payment at the prevailing currency exchange rate as determined by us in our absolute discretion from time to time upon payment. After the cooling-off period expires, if a customer cancels the policy before the end of benefit term, the actual cash value (if applicable) may be substantially less than the total amount of premiums paid.

Need more details? Get in touch

Please contact your consultant or call our Customer Service Hotline at 2281 1333 for more details.

Notes

PRUhealth medical plus is underwritten by Prudential Hong Kong Limited (“Prudential”). You can always choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time, unless such plan is only available as a supplementary benefit which needs to be attached to a basic plan. This brochure does not contain the full terms and conditions of this plan and is for reference only. It does not represent a contract between Prudential and anyone else. You should read carefully the risk disclosures and key exclusions (if any) contained in this brochure. For further details and the full terms and conditions of this plan, please ask Prudential for a sample of the policy document.

Prudential has the right to accept or decline any application based on the information provided by the policyholder and/or life assured in the application.

Please cross your cheque and make it payable to “Prudential Hong Kong Limited”.

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